

PTSD Worksheet

Disclaimer: This worksheet is designed to help individuals who have experienced trauma and are struggling with post-traumatic stress disorder (PTSD). It is based on cognitive-behavioral therapy (CBT) principles and can help you identify, challenge, and change unhelpful thoughts and beliefs about your traumatic experience. Please note that this worksheet is not a substitute for professional therapy and should be used under the guidance of a mental health professional.

Patient information

Name:

Date of birth:

Gender:

Date of assessment:

Section I

Traumatic events can have a profound effect on our self-image. How we think about ourselves can be influenced by our experiences, particularly those that have been traumatic.

The following questions can help you explore how traumatic events have affected your self-image:

a. How has the traumatic event affected the way you see yourself?

b. Have you noticed any changes in your self-image since the traumatic event occurred?

c. Do you feel like the traumatic event has defined who you are?

d. Do you think the traumatic event has affected your ability to form positive relationships with others?

e. How has the traumatic event affected your self-esteem?

f. Do you blame yourself for the traumatic event?

g. Have you experienced negative self-talk or self-criticism since the traumatic event?

h. Have you noticed any changes in your behavior or habits since the traumatic event?

i. Do you feel like the traumatic event has limited your potential in any way?

j. Do you feel like the traumatic event affected your ability to trust others?

Section II

Instructions: Complete the following table, and reflect on your thoughts and emotions. Be as detailed and honest as possible. You may need to complete this worksheet multiple times to address your traumatic experience and the thoughts surrounding it.

- **Traumatic event:** briefly describe the traumatic event or experience
- **Emotional response:** identify the emotions you felt or feeling in response to the traumatic event (e.g., fear, sadness, anger, guilt, etc.)
- **Automatic thought:** write down the intuitive thought(s) or belief(s) that came to your mind during or after the traumatic event
- **Evidence supporting the thought:** list any facts, experiences, or reasons that support your automatic thought(s) or belief(s)
- **Evidence against the thought:** list any facts, experiences, or reasons that challenge your automatic thought(s) or belief(s)
- **Alternative thought:** based on the evidence against the thought, develop a more balanced or helpful thought or belief to replace the automatic response.

| Traumatic event | Emotional response | Automatic response | Evidence supporting the thought | Evidence against the thought | Alternative thought |
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Additional notes

| Healthcare professional information | |
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| Name: | License ID number: |
| Signature: | Date of assessment: |